## FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

| = 1: 1 0 0   |
|--|
| Date: 1-31-14 Time: 6:00 Pm Location: HHS Field Location Press Box   |
| Please Circle Appropriate Action: New Line Installation Line Repair / Service Line   |
| NEW LINE INSTALLATION:   |
| Were State approved or AWWA Standards Followed: (YES / NO) Detailed summary of disinfection procedure used (Use back of page if needed):   |
| Chlorine Residual Prior to Initial Flush: Length of Time of Initial Flush: Length of Time of Initial Flush: Chlorine Residual after Flush:   |
| Water Supply (WS) Project Number:  |
| FOR LINE REPAIRS:  |
| Interruption of Water Service: YES NONumber of CustomersAffected:  |
| Main Size: 6 Repaired Under Pressure: YES NO   |
| For partially or fully de-watered mains:   |
| Was positive pressure maintained while a trench was opened and area cleaned? (YES / NO)  Time Water Main Valved Off (positive pressure removed): am / pm                           |
| Nature of Leak or Break:  1 break about 2 way around pipe and I hole in pipe   |
| Were State approved or AWWA Standards Followed: (YES) NO)  Detailed summary of repair procedure used (Use back of page if needed):  (Overed leaks with 1 - 15" band to 1 - 7" Band |
| Was water main contaminated during the repair process? (YES (NO))  Disinfection Procedure / Calculations (Use back of page if needed): Elegand Pipe & Blesche Band                 |
| Amount of Time Line Flushed: Minutes Ending Chlorine Residual: mg/L  |
| Bacteriological Sample Collected: YES NO Results**:  (**Attach copy of results to record)  |
| Date / Time Water Main Returned to Service: am / pm  |
| Additional Comments:  West/Adan/Jinny/TJ.  |
| Rev 01-21-09   |

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